Author's response to reviews

Title: Comorbid mental disorders in substance users from a single catchment area - a clinical study.

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MS: 1358476400447128 – Comorbid mental disorders in substance users from a single catchment area – a clinical study.

Dear Editor,

Thank you for your kind consideration of our study protocol. The 2nd revision of the manuscript is attached, and the changes are highlighted in text coloured in red.

The reviewer calls for additional comments on the clinical implications of the possible findings. This is included on page 24 and 25 in the manuscript:

"Clinical implications"

For some decades now, attention has been directed to the complicated issue of diagnostic problems in patients with multiple disorders. It is extremely important to identify any independent psychiatric comorbidity in SUD patients and any comorbid SUDs in patients with mental disorders. Comorbidity seems to be the rule more often than the exception. In planning treatment, the following must be considered: the severity of the condition; whether the disorders are induced or independent; whether they should be treated separately, sequentially, or integrated; and where to find qualified treatment. An adequate diagnosis is necessary for this process. This study may show that the chosen assessment instruments are suitable. However, the interviews used in this study are time-consuming. It is probably not possible to perform this kind of diagnostic work in a time-efficient way.

Because the prevalence of these disorders varies widely between studies, it will be interesting to make a thorough diagnostic assessment of all first-time-admitted patients in a single catchment area, using a diagnostic interview which is proven to be reliable in dual disorder patients. More valid estimates of the prevalence of comorbidity in treatment seekers can then be presented. The catchment area based concept makes it possible to study a complete natural sample, while most of the earlier studies have chosen convenience samples. This study of first time treatment seekers will avoid the problem of over representation of the most severely ill patients, and the retrospectively recalled symptoms will be less influenced by time lag and the effect of disease periods.
The duration of untreated SUD will be calculated. If the study shows that the duration of untreated SUD is long, e.g. several years, this will call for attention and better strategies for identifying SUD at an earlier stage. In many treatment settings for substance users, the skills in assessment and treatment of non substance mental disorders are limited. This is unproblematic if we find that most first time treatment seekers are mentally healthy except for their SUD, or if their mental disorders to a large extent are substance induced. If, however, this study reveals that most treatment seekers have comorbid disorders that demand specialized psychiatric treatment, today’s treatment settings are insufficient. The division of patients with SUDs and psychiatric disorders into separate treatment clinics is based on tradition and not on professional consensus. This study may reveal new information that justifies either separate or combined services.”

Hopefully, this added information is satisfying.

Kind regards,

Anne-Marit Langås
MD / PhD research fellow